



# Incident Report

**Print Date/Time:** 11/15/2016 12:10  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00021250

**Incident Date/Time:** 10/26/2016 12:47:00 PM  
**Location:** 10716 VERNON RD  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 923-5113  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 4  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D3	SS0138-Fiske

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Involved Party	JACKSON, PATRICIA DARLENE				Female	10/06/1938
1	Reporting Party	JACKSON, PATRICIA		(425) 923-5113			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	1999	Cadillac	DEVILLE		DIXIELE	WA

## Disposition(s)

Disposition	Count
M	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

10/26/2016 : 12:48:25 SP0368 Narrative: AGENCY ADVISED

10/26/2016 : 12:47:54 SP0298 Narrative: CC, STATEMENT READY TO PU



# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 16-21250VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Jackson Patricia</u>	RACE	ETHNICITY	SEX <u>F</u>	D.O.B. <u>10/6/83</u>	AGE <u>78</u>	HGT	WGT	HAIR	EYES <u>Blue</u>
STREET ADDRESS <u>10714 Keran Rd Lake Stevens</u>		CITY		STATE <u>WA</u>		ZIP <u>98</u>			
HOME PHONE <u>425-334-7781</u>		CELL PHONE		WORK PHONE <u>0</u>					
EMAIL ADDRESS (OPTIONAL) <u>PattyTurnPos@yahoo.com</u>				PLACE OF EMPLOYMENT <u>Retired</u>					
STATEMENT:									

On Sept 17th my grandson noticed that I had a dent on the passenger door of the car.

I do not know when this happened.

I have taken the car to H+B Auto in Snohomish which has been repaired

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Patricia JacksonDATE SIGNED: Oct 24, 16OFFICER/NUMBER: [Signature]DATE SIGNED: 10-26-16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page \_\_\_ OF \_\_\_

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E604006**CASE # **2016-00021250**LOCAL AGENCY  
CODING **0311900**TOTAL # OF  
UNITS **02**OBJECT  
STRUCKTRIBAL  
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION **09** - **14** - **2016** **0000** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**STATE ROUTE 9 NE**BLOCK NO. ☒  
MILE POST**717**

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐  
FEET ☐ S ☐ W ☐**UNIT 01**MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐DAMAGE THRESHOLD MET  
YES ☐ NO ☐

PHONE

LAST NAME

**UNKNOWN**

FIRST NAME

MIDDLE  
INITIALSTREET  
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX **U**D.O.B.  
MMDDYYYYON DUTY ☐

STATUS

AIRBAG **9**RESTR. **9**EJECT **9**HELMET  
USE **9**INJURY  
CLASS **0**

NATURE OF INJURIES

LICENSE  
PLATE #

STATE

VIN#

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒

REGISTERED OWNER INFO.

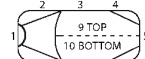
LIABILITY INSURANCE  
IN EFFECT ☐INSURANCE CO  
& POLICY #VEHICLE  
LEGALLY  
STANDING YES ☐ NO ☐

CITATION #

CHARGE

**VEHICLE NO. 1**

SHADE IN DAMAGED AREA

**UNIT 02**MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐PEDESTRIAN ☐PROPERTY  
OWNER ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

LAST NAME

**UNKNOWN**

FIRST NAME

MIDDLE  
INITIALSTREET  
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX **U**D.O.B.  
MMDDYYYYON DUTY ☐

STATUS

AIRBAG **9**RESTR. **9**EJECT **9**HELMET  
USE **9**INJURY  
CLASS **0**

NATURE OF INJURIES

LICENSE  
PLATE #**DIXIELE**STATE **WA**

VIN#

**1G6KD54YXXU800093**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR **1999**MAKE **CADI**MODEL **DEVILLE**STYLE **SD**VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

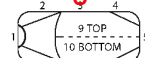
GOVT. VEHICLE  
YES ☐ NO ☒REGISTERED OWNER INFO. **PATRICIA JACKSON 10716 VERNON RD LAKE STEVENS WA 98258 D: 4253347781**LIABILITY INSURANCE  
IN EFFECT ☐INSURANCE CO  
& POLICY #VEHICLE  
LEGALLY  
STANDING YES ☐ NO ☐

CITATION #

CHARGE

**VEHICLE NO. 2**

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

**B. FISKE #0138**

BADGE OR ID #

**0138**

AGENCY

**WA0311900**PAGE 01 OF **3****PART A** 3000-345-159 R (7/06)


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E604006**CASE # **2016-00021250**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

This incident was reported on October 26th 2016, by Patricia Jackson. She stated at some point within the last month, someone hit her vehicle in the back passenger area. She said it likely happened in a parking lot 717 SR 9 NE. The vehicle was already repaired and she said she needed a case number. There is no information on V1, the hit and run vehicle. There were not witnesses and it was not witnessed by the officer.

\*\*\*\* AUTO-POPULATED SECTION \*\*\*\*

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: UNKNOWN

\*\*\*\* END OF AUTO-POPULATED SECTION \*\*\*\*

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**B. FISKE #0138**

**11-01-16 09:27 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 0095**

DATE

**11/3/2016 6:29:21 PM**

BADGE OR ID #

**0138**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**12:47 PM**

TIME POLICE ARRIVED

**12:47 PM**

**PART B** 3000-345-160 R (7/06)

PAGE

**2**

OF

**3**

**REPORT NO.** E604006

**CASE #** 2016-00021250

**DATE AND TIME  
OF COLLISION** 09/14/16 00:00

Collision not witnessed, it is unknown for sure when and where collision occurred.